

30-491

ISSUE SLIP (STAFF AREA) - CLAIMS

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			5/8/01
FORMALITY REVIEW	AM	117	06 05-01
RESPONSE FORMALITY REVIEW	MD	2911	09/19/01

INDEX OF CLAIMS

Claim	Date	Final	Original	Final	Original	Final	Original
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